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Re: Draft Local Coverage Determination for Suction Pumps

Dear Drs. Hughes, Brennan, Hoover and Whitten:

On behalf of the American Association for Homecare (AAHomecare) and its members who furnish wound care products and related dressings and supplies, we would like to submit these comments in response to the draft Local Coverage Determination (LCD) for Suction Pumps that was released at the end of August. It is critical for home medical equipment providers and for Medicare patients to have consistent coverage criteria in the wound care space so that patients are able to obtain the preferred wound care device to match their medical needs.

As you are aware, the draft LCD for Suction Pumps has the following changes:

- Added not reasonable and necessary statement for wound suction pumps (K0743) and related supplies (K0744-K0746)
- Added coverage criteria for gastric suction

There are a wide range of wound care devices available to patients and so patients should be able to have the type of device that is best suited to their medical needs. Home medical equipment (HME) providers should be able to furnish the appropriate wound care device to their patients. For example, canister devices are well-suited for large wounds and devices without a canister are

preferred for smaller wounds, particularly those occurring on the lower extremity, such as diabetic foot ulcers and venous insufficiency ulcers. The negative pressure by devices “labeled” suction pumps by the HCPCS Work Group and historical NPWT devices are the same. Therefore, coverage criteria for E codes (E2402 – NPWT pumps) should be the same as the coverage criteria for the new K codes (K0743-K0746 – home model suction pumps and related dressings). The design of suction pumps allows for the treatment of certain chronic wounds for which canister devices were not previously an option. As far as FDA cleared clinical indications are concerned, suction pumps have been repeatedly seen by US wound care professionals to function in the same way as negative pressure wound therapy (NPWT) so should be treated the same as NPWT.

It is also important to add coverage criteria for the use of a gastric suction pump and related supplies to other local coverage determinations such as surgical dressings and ostomy supplies to ensure consistent coverage criteria across the wound care space.

Wound care devices without canisters do not need to be shut off immediately by a wound care nurse, and may need to be changed less often as opposed to every 48 to 72 hours for canister devices which results in Medicare cost savings especially in light of the implementation of Round Two of CMS’ competitive bidding program.

In closing, AAHomecare recommends that suction pumps be clearly identified by their clinical use as NPWT with the correct HCPCS codes and a coverage policy for the pumps must be clearly defined. Providers need to have consistent coverage across the wound care space so that physician prescriptions can be matched to patient medical need regardless of the type of wound care device.

AAHomecare would like to meet with the DME MAC medical directors to discuss the draft Suction Pumps LCD and to describe in detail the components of products in the wound care market that are used in the home. HME providers require clarity in coding, reimbursement and coverage which is critical to HME providers in the wound care market to ensure consistency of claims processing. Without clear coverage and coding descriptions, Medicare patients have limited options to appropriate treatment.

AAHomecare appreciates the opportunity to submit these comments and our staff is available to discuss these issues in greater detail with you at your convenience. Please feel free to contact Ms. Alexandra Bennewith, Senior Manager, Government Affairs at (703) 535-1891 or alex@aaahomecare.org.

Sincerely,



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